Additional file 2

Main findings from the survey of PARTNER GP Advisory Group. GPs were asked their opinions on the four target behaviours. Survey items were: 1) Do you agree that it is important that GPs do them?, 2) Do you believe that significant change to current practice would be required?, and 3) Do you foresee major barriers to the behaviour taking place in clinical practice?

1. GP makes and gives a diagnosis of osteoarthritis clinically without imaging or other investigations if a person is 45 years or over and has activity related joint pain and has morning stiffness lasting no longer than 30 minutes	"[There is a] Lot of pressure for investigation from patients along with referral to specialist" "I can see a tension though between saving health dollars and reassuring patients (and maybe their GP) that there is nothing more serious in their painful knee."
2. GP provides education/advice to patients about the importance of general physical activity and regular strengthening and/or aerobic exercise during the consultation	"We know that 'telling' will not change behaviour, so it should be about understanding where the patient is at." "Not all GP's would be confident on specific exercise advice"
3. GP provides education/advice to patients either about the importance of maintaining a healthy weight or weight loss	"This step is routine for the majority of GP's - but weight loss is not an easy behavioural change."
4. GP explains PARTNER model and refers patient to the Care Support Team	"This presumes that there is only one pathway within this model of care? I think there should always be options for GPs and practices to navigate decision making pathway about referrals – both if there is a need and where to refer. There may already be mechanisms established in practices for the functions of the CST, so change will be hard to implement." "This assumes this is the only way forward. GPs will have many options they already use such as using their existing networks of therapists with or without an EPC plan." "The issue is whether GPs see value in this, and our job is to convince practices and GPs that CST will add value, rather than impose it" "This follows the diabetic model so is familiar to GP's. Will take some work but should be a concept that can take hold over time." "I think the main issue will be that GPs will need to feel that their existing expertise is being respected while they are also being offered additional assistance to improve their patients' outcomes"
Other comments	"I think pain management – specifically pharmacological advice about pain management should be a focus – as this is often the reason patients present to GPs in their journey with knee OA, and also failure to manage pain is often the trigger for referral to surgeons." "BMI, education and advice about exercise and weight management will universally be said to be already occurring in general practices

	(whether it's by GPs or practice staff, is another issue), so it's more about systematizing these, rather than change practice behaviour." "If approached in the wrong way, GPs' may get offended and not participate." "GPs in general feel they have a special connection to their patients and in their role as gatekeepers to other services. If they feel this role is threatened this may also be a barrier to uptake of the PARTNER model and CST referral." "Key to this is GP's seeing it as an area where they can make a big difference, where they become prepared to devote time towards supervising patient management and feel empowered with the knowledge and self-belief to do it."